

Dear Parent/Guardian:

Enclosed you will find the Indianapolis public transit system (IndyGo) schedule for the stops closest to the Indianapolis Juvenile Correctional Facility. There is no direct service to this facility. The closest stops are approximately one mile from I.J.C.F. from the Speedway Center (Route 10), head west on State Road 136 to Girls School Rd., and turn left. The facility is at the top of the hill on the right.

From Chapel Hill (Route 40), head north on Girls School Rd. to the facility. You will be required to present picture identification and answer several questions prior to being admitted to the facility. If you are need of additional information regarding directions to the facility, please call 317-244-3387, ext. 0. or you may check the Internet site for the Indiana Department of Correction (www.in.gov/idoc.) and find the directions under the name of the facility.

For further information on bus routes and schedules, please contact IndyGo at 317-635-3344 or visit www.IndyGo.net

FACILITY INFORMATION SHEET

PLEASE FILL OUT THIS FORM AND MAIL TO: INTAKE COUNSELOR
INDIANAPOLIS JUVENILE
CORRECTIONAL FACILITY
2596 NORTH GIRLS' SCHOOL ROAD
INDIANAPOLIS, INDIANA 46214-2199

STUDENT'S NAME: _____ SS# _____
(MUST INCLUDE SS#)

NAME OF PERSON GIVING INFORMATION & RELATIONSHIP: _____

YOUR TELEPHONE NUMBER AND/OR NUMBER WHERE YOU MAY BE REACHED: _____

IS CHILD RECEIVING SOCIAL SECUIRTY BENEFITS? _____

IF YES, PLEASE GIVE NAME OF PERSON FROM WHO BENEFITS ARE RECEIVED:

NAME: _____ ADDRESS: _____

FATHER'S NAME/ADDRESS: _____

STEPMOTHER'S NAME: _____

MOTHER'S MAIDEN NAME & CURRENT LAST NAME/ADDRESS: _____

STEPFATHER'S NAME: _____

BROTHER(S) NAME(S) AND AGES: _____

SISTER(S) Name(S) AND AGES: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

PRINTED NAME OF CHILD: _____

DOC# of CHILD: _____

NAME OF INSTITUTION: _____

JUVENILE DEVELOPMENTAL HISTORY QUESTIONNAIRE

Instructions: To be completed by parent(s) or primary caregiver and returned to the Mental Health Department at the Youth's current correctional facility. Please carefully review all questions and answer to the best of your ability. Notably, not all questions will apply to your child/dependent. A mental health professional assigned to your child/dependent may contact you to clarify answers or obtain further information.

Please describe **emotional/behavioral concerns** about Youth, as they apply:

- ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD/ADHD)

Please describe the age of **onset** for behaviors that you think may be associated with ADD/ADHD: ____ years-old

Please describe the **severity** of such behaviors:

____ mild ____ mild-moderate ____ moderate
____ moderate-severe ____ severe ____ incapacitating

Please describe the current **status** of such behaviors:

____ worse ____ no change ____ improved ____ resolved

Please describe the current **frequency** of such behaviors:

____ random ____ constant ____ daily ____ weekly ____ monthly

Please describe the Youth's **quality of life**:

____ yes ____ no Behaviors create problems at home
____ yes ____ no Behaviors create problems at school
____ yes ____ no Behaviors create problems at work
____ yes ____ no Behaviors create problems socially

Other _____

Please describe the **context** of such behaviors:

____ yes ____ no Behaviors have persisted for greater than 6 months
____ yes ____ no Behaviors began before age 7 ____ yes ____ no Lead exposure

Other _____

Please describe **aggravating** factors:

____ yes ____ no Deadlines ____ yes ____ no Distractions ____ yes ____ no Stress
____ yes ____ no Tasks requiring attention to detail ____ Nothing

Other _____

Please describe **relieving** factors:

____ yes ____ no Behavior therapy ____ yes ____ no Dietary modification
____ yes ____ no Stimulant medications ____ Nothing

Other _____

Please describe **associated symptoms**:

<input type="checkbox"/> yes <input type="checkbox"/> no Bored easily	<input type="checkbox"/> yes <input type="checkbox"/> no Difficulty waiting turn
<input type="checkbox"/> yes <input type="checkbox"/> no Disorganized	<input type="checkbox"/> yes <input type="checkbox"/> no Distracted easily
<input type="checkbox"/> yes <input type="checkbox"/> no Emotionally labile	<input type="checkbox"/> yes <input type="checkbox"/> no Excitable
<input type="checkbox"/> yes <input type="checkbox"/> no Fidgets/squirms	<input type="checkbox"/> yes <input type="checkbox"/> no Frequent careless mistakes
<input type="checkbox"/> yes <input type="checkbox"/> no Frustrated easily	<input type="checkbox"/> yes <input type="checkbox"/> no Impulsive
<input type="checkbox"/> yes <input type="checkbox"/> no Inattentive	<input type="checkbox"/> yes <input type="checkbox"/> no Loses/forgets things
<input type="checkbox"/> yes <input type="checkbox"/> no Poor self-image	<input type="checkbox"/> yes <input type="checkbox"/> no Reckless
<input type="checkbox"/> yes <input type="checkbox"/> no Restless	<input type="checkbox"/> yes <input type="checkbox"/> no Short attention span
<input type="checkbox"/> yes <input type="checkbox"/> no Talks excessively	<input type="checkbox"/> yes <input type="checkbox"/> no Unable to follow directions
<input type="checkbox"/> No associated symptoms	

Other _____

Additional **comments**:

• DEPRESSION

Please describe the age of **onset** for behaviors that you think may be associated with Depression: _____ years-old

List the year of the **first episode** of depressive behavior or symptoms: _____

If treated, list the **initial visit date**: _____

Please describe the current **frequency** of such behaviors:

☐ several days in the past 2 weeks ☐ more than half the days in the past 2 weeks
☐ nearly every day in the past two weeks
☐ 2 years or more without a significant break in symptoms

Other _____

Please describe the current **status** of such behaviors:

☐ new episode ☐ improved ☐ remission ☐ unchanged ☐ worsening

Please describe the **severity** of such behaviors:

☐ mild ☐ mild-moderate ☐ moderate ☐ moderate-severe
☐ severe ☐ incapacitating

Please describe **context/risk factors** associated with Youth's past medical/psych history:

☐ alcohol use ☐ childhood abuse or neglect
☐ death of a friend or loved one ☐ financial worries
☐ medication
☐ recent childbirth ☐ relationship problems
☐ social isolation ☐ substance abuse
☐ unemployment ☐ victim of abuse or violence
Other _____

Please describe the Youth's **level of functioning** with difficulty in meeting home, work, or social obligations:

☐ extremely ☐ not at all ☐ somewhat ☐ very

Please describe **aggravating** factors:

☐ alcohol use ☐ conflict or stress at home or work
☐ lack of sleep ☐ medications ☐ traumatic memories
☐ winter season ☐ Nothing
Other _____

Please describe **relieving** factors:

☐ alcohol ☐ conversing ☐ drugs ☐ exercise ☐ light
☐ medication ☐ nothing ☐ rest ☐ spring season
Other _____

Please describe **associated symptoms**:

☐ yes ☐ no Anxious, fearful thoughts
☐ yes ☐ no Compulsive thoughts or behaviors
☐ yes ☐ no Depressed mood
☐ yes ☐ no Diminished interest or pleasure
☐ yes ☐ no Fatigue or loss of energy
☐ yes ☐ no Feelings of guilt or worthlessness
☐ yes ☐ no Hallucinations
☐ yes ☐ no Manic episodes
☐ yes ☐ no Panic attacks
☐ yes ☐ no Poor concentration, indecisiveness
☐ yes ☐ no Restlessness or sluggishness
☐ yes ☐ no Significant change in appetite (weight loss or gain >5%)
☐ yes ☐ no Sleep disturbance
☐ yes ☐ no Thoughts of death or suicide
☐ No associated symptoms

Other _____

Additional **comments**:

- OTHER AREA OF CONCERN _____ (such as anxiety, trauma, psychosis, self-harm, violence toward others)

Please describe the age of **onset** for behaviors that you think may be associated with the other area of concern: _____ years-old

Please describe the **severity** of such behaviors:

☐ mild ☐ mild-moderate ☐ moderate ☐ moderate-severe
☐ severe ☐ incapacitating

Please describe the current **frequency** of such behaviors:

☐ 2 times per week ☐ 3 times per week ☐ All the time
☐ Almost all the time ☐ Almost always ☐ Almost never
☐ Always ☐ Constantly ☐ Daily
☐ Every month ☐ Every two months ☐ Frequently
☐ Intermittently ☐ Never before ☐ Morning only
☐ Night only ☐ Occasionally ☐ Persistently
☐ Rarely ☐ Weekly ☐ No pattern

Other _____

Please describe the current **status** of such behaviors:

☐ Improved ☐ Improvement, gradual ☐ Improvement, rapid
☐ Improvement, steady ☐ No change ☐ No relief
☐ Relief, temporary ☐ Resolution of problem ☐ Worse
☐ Worse, gradually ☐ Worse, rapidly ☐ Worse, steadily

Please describe the Youth's **level of functioning** with difficulty in meeting home, work, school, or social obligations:

☐ extremely ☐ not at all ☐ somewhat ☐ very

Please describe **aggravating** factors that seem to make the behavior or symptom worse:

Please describe **relieving** factors that seem to make the behavior or symptom better:

Please describe **associated symptoms** or behaviors displayed by the Youth:

Additional **comments**:

- OTHER AREA OF CONCERN _____ (such as anxiety, trauma, psychosis, self-harm, violence toward others)

Please describe the age of **onset** for behaviors that you think may be associated with the other area of concern: _____ years-old

Please describe the **severity** of such behaviors:

____ mild ____ mild-moderate ____ moderate ____ moderate-severe
____ severe ____ incapacitating

Please describe the current **frequency** of such behaviors:

____ 2 times per week	____ 3 times per week	____ All the time
____ Almost all the time	____ Almost always	____ Almost never
____ Always	____ Constantly	____ Daily
____ Every month	____ Every two months	____ Frequently
____ Intermittently	____ Never before	____ Morning only
____ Night only	____ Occasionally	____ Persistently
____ Rarely	____ Weekly	____ No pattern

Other _____

Please describe the current **status** of such behaviors:

____ Improved	____ Improvement, gradual	____ Improvement, rapid
____ Improvement, steady	____ No change	____ No relief
____ Relief, temporary	____ Resolution of problem	____ Worse
____ Worse, gradually	____ Worse, rapidly	____ Worse, steadily

Please describe the Youth's **level of functioning** with difficulty in meeting home, work, school, or social obligations:

____ extremely ____ not at all ____ somewhat ____ very

Please describe **aggravating** factors that seem to make the behavior or symptom worse:

Please describe **relieving** factors that seem to make the behavior or symptom better:

Please describe **associated symptoms** or behaviors displayed by the Youth:

Additional comments:

Please describe any **outpatient mental health treatment** that the Youth was receiving in the community at the time of detention or incarceration:

- ☐ None
- ☐ Day treatment (setting with both schooling and mental health treatment)
- ☐ After care (follow up treatment after release from a psychiatric hospital)
- ☐ Psychiatric medications
- ☐ Psychotherapy (individual, group, or family counseling)

Other

Briefly Describe the nature of such treatment:

• SOCIAL HISTORY

Youth **primarily** resides with:

<input type="checkbox"/> Mother (biological)	<input type="checkbox"/> Father	<input type="checkbox"/> 2 mother's
<input type="checkbox"/> Two fathers	<input type="checkbox"/> Adoptive mother	<input type="checkbox"/> Adoptive father
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Foster mother
<input type="checkbox"/> Foster father	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Sister(s)
<input type="checkbox"/> Brother(s)	<input type="checkbox"/> Half sister(s)	<input type="checkbox"/> Half-brother(s)
<input type="checkbox"/> Multiple families	<input type="checkbox"/> Stepbrother(s)	
Other _____		

Youth's **secondarily** resides with:

<input type="checkbox"/> Mother (biological)	<input type="checkbox"/> Father	<input type="checkbox"/> 2 mother's
<input type="checkbox"/> Two fathers	<input type="checkbox"/> Adoptive mother	<input type="checkbox"/> Adoptive father
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Foster mother
<input type="checkbox"/> Foster father	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Sister(s)
<input type="checkbox"/> Brother(s)	<input type="checkbox"/> Half sister(s)	<input type="checkbox"/> Half-brother(s)
<input type="checkbox"/> Multiple families	<input type="checkbox"/> Stepbrother(s)	
Other _____		

Please describe Youth's **tobacco exposure**:

☐ yes ☐ no Smokers at home ☐ yes ☐ no Smoke outside only

Please describe typical **child care** arrangements for Youth:

<input type="checkbox"/> Mother	Days per week _____	<input type="checkbox"/> Father	Days per week _____
<input type="checkbox"/> Grandparent	Days per week _____	<input type="checkbox"/> Sibling	Days per week _____
<input type="checkbox"/> Nanny	Days per week _____	<input type="checkbox"/> Daycare	Days per week _____
<input type="checkbox"/> Sitter	Days per week _____		

Daycare facility name: _____

Please describe Youth's **hand dominance**:

☐ Right ☐ Left

Please describe Youth's **parent/caretaker's occupation**:

Father's occupation _____

Caretaker's occupation _____

Mother's occupation _____

Please describe Youth's **parents' relationship**:

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Never together	<input type="checkbox"/> Father incarcerated	<input type="checkbox"/> Mother incarcerated

Please describe Youth's **relationships**:

- ☐yes ☐no Cooperates with family/friends
☐yes ☐no Cooperates with teachers
☐yes ☐no Has enough friends
☐yes ☐no Has friends of both sexes
☐yes ☐no Concerns about relationships with family/friends/others

Please briefly describe **concerns** about Youth's relationship with others:

Please describe Youth's **relationship with sibling(s)**:

- ☐ Good ☐ Strained ☐ Wonderful
Other

Please describe Youth's **home environment**:

Language(s) spoken at home

Neighborhood type:

- ☐ Inner-city ☐ Rural ☐ Suburban ☐ Urban
Other

Home type:

- ☐ Apartment ☐ Condominium ☐ Duplex ☐ Single-family
Other

Home age:

- ☐ New ☐ Less than 10 years ☐ 10 to 25 years ☐ Pre 1978
☐ Pre 1960 ☐ Pre 1950 ☐ Historic ☐ Unknown

☐yes ☐no Home affords adequate privacy

☐yes ☐no Home affords adequate safety

☐yes ☐no Water is chlorinated

☐yes ☐no Water is fluoridated

☐yes ☐no If known, lead in the home

Water source is ☐ municipal ☐ well

Please describe Youth's **safety**:

☐yes ☐no Uses bike/skating helmet ☐yes ☐no Carbon monoxide detector

☐yes ☐no Smoke detectors in home

☐yes ☐no Radon in home ☐untested ☐treated

☐yes ☐no Pets/animals at home

Type of animals

☐yes ☐no Firearms in the home

Number of firearms

☐yes ☐no Locked firearm storage

☐yes ☐no Trigger guard

☐yes ☐no Ammunition stored separately

☐yes ☐no Unloaded for storage

Firearms kept for:

☐ Recreation ☐ Hunting ☐ Occupation ☐ Protection

Comments related to firearms:

Please describe Youth's **education**:

School name

Grade in school

Grades earned:

☐ All A's ☐ A's and B's ☐ B's ☐ B's and C's ☐ C's
☐ C's and D's ☐ D's and F's ☐ All F's

☐ yes ☐ no Learning disability

If yes, please describe:

☐ Articulation disorder ☐ Dyscalculia ☐ Dyslexia
☐ Expressive language disorder ☐ Motor skills disorder
☐ Receptive language disorder ☐ Writing disorder

Other

☐ yes ☐ no Special needs

If yes, please describe:

☐ ADD/ADHD ☐ Behavior problems ☐ Excessive absences
☐ Failing ☐ IEP in place ☐ IEP pending
☐ Math ☐ Math and reading ☐ Physical disability
☐ Reading ☐ Special needs classroom ☐ SPED/LD
☐ Speech

☐ yes ☐ no Gifted program

Performing:

☐ Below grade level ☐ At grade level ☐ Above grade level

☐ yes ☐ no Likes school ☐ yes ☐ no Truancy

Youth's educational goals:

☐ Get a job ☐ College ☐ Graduate from high school
☐ Military career ☐ Professional school

Other

☐ yes ☐ no Repeated grades

Grade(s) repeated

Why

☐ yes ☐ no History of suspension or expulsion

Why _____

Please describe Youth's **sleep**:

☐ yes ☐ no Takes naps

☐ yes ☐ no Sleeps with parents/caretakers

☐ yes ☐ no Sleeps through the night

☐ yes ☐ no Minimum of 8.5 hrs sleep nightly

☐ yes ☐ no Nightmares/sleep problems

Further **detail** about Youth's sleep quality:

☐ No concerns

☐ Has difficulty falling asleep

☐ Has difficulty staying asleep

☐ Has night terrors

☐ Has nightmares

☐ Has restless sleep

☐ Sleepwalks

☐ Sleeps through the night

Further **detail** about Youth's sleep location:

☐ In own room

☐ In parents' bed

☐ In parents' room

☐ In room with sibling

Other _____

Further **detail** about Youth's sleep method:

☐ On own

☐ Only when read to

☐ Only with parent present

Other _____

Further **detail** about Youth's sleep position:

☐ On abdomen

☐ On back

☐ On side

Other _____

Further **detail** about Youth's sleep time:

Number of naps per day _____

Number of hours sleep per day _____

Please describe Youth's **activity**:

Hours per day of exercise/sports _____

Hours per day of TV/computer games _____

Further **detail** about Youth's type of exercise:

☐ Aerobic

☐ Ballet

☐ Baseball/softball

☐ Basketball

☐ Cheerleading

☐ Cycling

☐ Football

☐ Golf

☐ Gymnastics

☐ Hiking

☐ Hockey

☐ Dancing

☐ Jogging

☐ Martial Arts

☐ Motor sports

☐ Soccer

☐ Swimming

☐ Walking

☐ Weights

☐ Wrestling

Other _____

Further **detail** about Youth's type of activities:

___ After school program ___ Chorus ___ Drama ___ Musical instrument
___ School club

Other _____

___ yes ___ no Youth had a job prior to incarceration

If yes, how many hours worked per week _____

___ yes ___ no Youth has a TV in the bedroom

If yes, how many hours of TV/computer games per day _____

Please describe Youth's recent travels:

___ Out of state Where _____

___ Out of country Where _____

___ Travel exposure To what _____

• ADDITIONAL SOCIAL HISTORY

Please describe Youth's history of **tobacco use**:

___ yes ___ no ___ formerly

If yes, what type of tobacco:

___ Chewing Amount per day _____

___ Cigarettes Amount per day _____

___ Smokeless (dip) Amount per day _____

If formerly, year quit:

Chewing _____ Cigarettes _____ Smokeless _____

Please describe Youth's history of **alcohol use**:

___ yes ___ no ___ formerly

If yes or formerly, age started: _____

If formerly, year quit: _____

If yes or formerly, what type(s) of alcohol: _____

Frequency:

___ Daily ___ Weekly ___ Monthly

___ Yearly ___ Occasionally ___ Socially

Amount per day: _____

Last drink: _____

Sought treatment for alcohol abuse:

___ yes ___ no Date of last treatment: _____ Number of times: _____

Had withdrawal problems, seizures or blackouts from alcohol or drugs:

___ yes ___ no

Involved in a 12-step program

___ yes ___ no If yes, ___ currently or ___ formerly

Emergency medical attention required due to intoxication:

___ yes ___ no If yes, number of times _____

Family history of alcoholism:

___ yes ___ no Family members: _____

Please describe Youth's history of **drug use/abuse**:

☐ yes ☐ no ☐ formerly

If yes or formerly, age started: _____

If yes or formerly, what type(s) of drugs: _____

Frequency:

☐ Daily ☐ Weekly ☐ Monthly

☐ Yearly ☐ Occasionally ☐ Socially

Route taken: _____

If formerly, year quit: _____

Sought treatment for drug abuse:

☐ yes ☐ no Date of last treatment: _____ Number of times: _____

Had withdrawal problems, seizures or blackouts from alcohol or drugs:

☐ yes ☐ no

Involved in a 12-step program

☐ yes ☐ no If yes, ☐ currently or ☐ formerly

Emergency medical attention required due to drug use:

☐ yes ☐ no If yes, number of times _____

Family history of drug abuse:

☐ yes ☐ no Family members: _____

Please describe Youth's **psychiatric history**:

☐ yes ☐ no History of suicidal thoughts

☐ yes ☐ no History of homicidal thoughts

☐ yes ☐ no Treated for psychiatric problem

If yes, please list diagnoses:

Age at time of diagnosis _____

Age at time of diagnosis _____

Psychiatrist name: _____

Phone number: _____

Therapist name: _____

Phone number: _____

Family history of psychiatric problems:

☐ yes ☐ no

If yes, please describe: _____

Please describe Youth's **child abuse history**:

☐ yes ☐ no Does Youth have a confirmed history of child abuse

If yes, ☐ Ongoing or ☐ Past

Offender 1 _____ Type: ☐ physical ☐ sexual ☐ verbal
Offender 2 _____ Type: ☐ physical ☐ sexual ☐ verbal
☐ yes ☐ no Offender in home ☐ yes ☐ no Restraining order in place

☐ yes ☐ no Suspected child abuse

Suspected offender 1 _____

Type: ☐ physical ☐ sexual ☐ verbal

Suspected offender 2 _____

Type: ☐ physical ☐ sexual ☐ verbal

☐ yes ☐ no Has Youth ever been placed in a girls'/boys' home or foster home

☐ yes ☐ no Has Youth been convicted of a sexual offense

Please describe Youth's **child neglect history**:

☐ yes ☐ no History of neglect Offender: _____

Reason: _____

☐ yes ☐ no Suspected neglect Offender: _____

Reason: _____

☐ yes ☐ no DCS involvement Case Worker _____

Phone _____

Please describe Youth's **incarceration history**:

☐ yes ☐ no History of incarceration

Duration of incarceration from [dates] _____ to _____

Crime convicted of _____

Duration of probation [dates] _____ to _____

Duration of incarceration from [dates] _____ to _____

Crime convicted of _____

Duration of probation [dates] _____ to _____

Duration of incarceration from [dates] _____ to _____

Crime convicted of _____

Duration of probation [dates] _____ to _____

Duration of incarceration from [dates] _____ to _____

Crime convicted of _____

Duration of probation [dates] _____ to _____

Please describe Youth's **sexual practices**:

☐ yes ☐ no ☐ previously Sexually active

☐ yes ☐ no ☐ sometimes Condom use

Orientation: ☐ bisexual ☐ heterosexual ☐ bisexual

Birth control methods used: _____

Birth control methods discussed: _____

Number of current sexual partners: _____

Number of lifetime sexual partners: _____

☐ yes ☐ no Ever been pregnant

☐ yes ☐ no Ever had an abortion

Parent/Caretaker awareness: _____

Please describe Youth's history of **STDs**:

HIV status:

☐ positive Date tested _____ AIDS ☐ positive ☐ negative

☐ negative Date tested _____

☐ not tested

History of STDs:

Risk factors for STDs:

☐ History of blood transfusions

☐ History of IV drug abuse

☐ High risk sexual partner

☐ Homosexual sex

☐ Multiple sexual partners

☐ No risk factors

☐ Prostitution

☐ Sex with hepatitis-infected person

☐ Sexually active before age 18

☐ Unprotected sex

Other _____

Parent/Caretaker comments:

Name of parent/caretaker _____

Comments _____

Provider

comments _____

Please describe Youth's **psychiatric history**:

Diagnosis/Problem _____
Date of onset _____
Type of treatment (counseling, meds) _____
Date of treatment _____
Treatment setting (hospital, outpatient) _____
Name of provider _____
Treatment outcome:
___ Failed ___ Improved ___ Resolved ___ Successful ___ Worsened
Other _____
Comments _____

Diagnosis/Problem _____
Date of onset _____
Type of treatment (counseling, meds) _____
Date of treatment _____
Treatment setting (hospital, outpatient) _____
Name of provider _____
Treatment outcome:
___ Failed ___ Improved ___ Resolved ___ Successful ___ Worsened
Other _____
Comments _____

Diagnosis/Problem _____
Date of onset _____
Type of treatment (counseling, meds) _____
Date of treatment _____
Treatment setting (hospital, outpatient) _____
Name of provider _____
Treatment outcome:
___ Failed ___ Improved ___ Resolved ___ Successful ___ Worsened
Other _____
Comments _____

Diagnosis/Problem _____
Date of onset _____
Type of treatment (counseling, meds) _____
Date of treatment _____
Treatment setting (hospital, outpatient) _____
Name of provider _____
Treatment outcome:
___ Failed ___ Improved ___ Resolved ___ Successful ___ Worsened
Other _____
Comments _____

Psychiatrist name _____ Phone number _____
Therapist name _____ Phone number _____

*Correctional mental health professionals to obtain consent for release of information on
above mentioned community providers from the facility Superintendent/Legal Guardian

Please describe Youth's **psychiatric medication history**:

*Correctional health professionals need below information to verify past prescriptions

Medication type _____ Last taken _____
Pharmacy name _____ Phone number _____
Name of prescribing clinic/doctor _____
Phone number _____

Medication type _____ Last taken _____
Pharmacy name _____ Phone number _____
Name of prescribing clinic/doctor _____
Phone number _____

Medication type _____ Last taken _____
Pharmacy name _____ Phone number _____
Name of prescribing clinic/doctor _____
Phone number _____

Medication type _____ Last taken _____
Pharmacy name _____ Phone number _____
Name of prescribing clinic/doctor _____
Phone number _____

If applicable, please list Youth's **allergies**:

Please describe Youth's **nutritional status**:

___ Number of meals per day
___yes ___no Decreased appetite Duration of decreased appetite_____
___yes ___no Weight gain Timeframe_____ Amount_____
___yes ___no Weight loss Timeframe_____ Amount_____

• **DEVELOPMENTAL HISTORY**

Please describe Youth's **pregnancy/birth history**:

Antenatal:

Maternal age during pregnancy_____ Estimated date of conception_____
Marital status_____ Lived w/father of baby_____

___yes ___no Prenatal care given
___Normal ___Abnormal Ultrasound results

Describe any abnormal results below:

___Birth marks ___Cardiac abnormalities ___Down syndrome markers
___GI abnormalities ___Musculoskeletal abnormalities ___Neuro abnormalities
___Renal abnormalities Other_____

___yes ___no Maternal illness/complications

If yes, please describe below:

___Gestational diabetes ___Pregnancy-induced hypertension
___Sickle cell disease ___Diabetes (NIDDM)
___Hypertension ___Sickle cell trait
___Diabetes (IDDM) ___Eclampsia
___Underlying cardiac disease ___Underlying renal disease
___Surgery during pregnancy

Other_____

___yes ___no Maternal infections

If yes, please describe below:

___Rubella ___Parvovirus ___Urinary tract ___B strep
___Syphilis ___Hepatitis B ___CMV ___HIV

Other_____

Please list any medications taken during pregnancy:

___yes ___no Alcohol use Frequency _____
 ___yes ___no Tobacco use Packs/day _____
 ___yes ___no Marijuana Frequency _____
 Other types _____

Labor and Delivery:

Type of delivery _____
 Gestational age _____ weeks _____ days premature Birth weight _____
 Other _____

Please describe anything significant about Youth's hospital stay after birth (e.g., fetal distress, stay in NICU, birth defects, medication given)

Please describe anything significant about Youth's discharge from the hospital (e.g., feeding history, weight, referral to social services, adoption)

• FAMILY HISTORY

Please describe Youth's **behavioral health family history**:

Diagnosis	Family Member	Name	Age diagnosed	Comment

Please describe Youth's interactions with family members:

☐ Supportive ☐ Strained ☐ Dysfunctional
☐ No family ☐ Estranged (separated, not speaking, or on bad terms)
Other _____

Please describe Youth's **family resources/strengths**:

Please describe Youth's **strengths/coping skills/resources/support network**:

How does Youth handle anger:

How does Youth handle stress:

Who comprises Youth's current support network:

☐ none ☐ case worker ☐ children ☐ clergy
☐ father ☐ friends ☐ mother ☐ neighbors
☐ siblings ☐ significant other
Other _____

What are Youth's resources:

Please describe Youth's **significant life events**:

History of trauma _____

History of emotional abuse _____

Risk issues:

☐ homicidal thoughts

☐ high risk behavior

☐ psychosis

☐ lack of support

☐ family violence

☐ medical condition

☐ fire setting

☐ self-injury

☐ non-compliance with treatment

☐ substance abuse

☐ suicidal thoughts

☐ high impulsivity/aggression

☐ serious suicide attempts

Other _____

History of pain/loss _____

Please return questionnaire to the below address:

Name of student: _____

IDOC #: _____

Parent/caretaker completing form: _____

Date: _____

INDIANAPOLIS JUVENILE CORRECTIONAL FACILITY

ORIENTATION FOR VISITS

Arriving at the Facility

All vehicles entering the Facility are subject to search. Anyone refusing a search of their vehicle will be required to exit the Facility immediately. Visitors to the Facility are not permitted to bring the following items inside the Facility.

Firearms	Alcoholic Beverages
Knives	Marijuana
Ammunition	Controlled Substances
Weapons	Cameras
Narcotics	Video or Audio Recorders
Medication	Electronic Devices – including hand-held video games
Radios	Tape recorders
Pagers	Cellular Telephones
Tobacco	Tobacco related items
Blackberries	

Cellular telephones, blackberries and pagers must be secured in your vehicle. They may not be brought into the Facility.

Medication is not permitted unless it is life saving or life-sustaining, such as nitroglycerin pills, oxygen bottles, bee sting kits, inhalers, etc.

It is important to understand that someone who may just be dropping you off at the Facility, and / or picking you up at the Facility are subject to the same rules for entering the Facility as a visitor.

Current employees of the Department of Correction must have written permission from the Superintendents of both facilities prior to being allowed to visit. Ex-employees who have been terminated from employment or who resigned prior to be terminated or while under investigation for violation of Department policy shall not be permitted to visit any students.

Ex-Students and Students currently on parole or probation must have permission from both their supervising agents and the Superintendent of the Facility before being allowed to visit. Such visits will be limited to immediate family members on.

The Indiana Department of Correction prohibits smoking on the grounds of any Facility. You may not smoke cigarettes outside or in your vehicle on State Grounds.

Application for Visitation:

In order for family members and friends to visit students, they must complete an application for visitation. The facility shall use State Form 14387 APPLICATION FOR VISITING PRIVILEGES, to provide visitors with the necessary information regarding visitation. The Facility Orientation Packet to include State Form 14387 Application for Visiting Privileges shall be mailed out by the Records Rooms Clerk to family members and friends that the student wants to have approved to visit.

All adult visitors (18 years and older) must complete the application and mail it back in to the facility. Faxes of the application are not acceptable. It is important that the application is completed fully and all questions are answered honestly. Failure to provide all necessary information may result in a delay in the processing of the application or a denial of visitation privileges. Falsifying an application shall result in the applicant being banned from all correctional facilities for a period of one (1) year.

Visitors shall be permitted to visit only one (1) student within the Department unless the visitor has other immediate family members incarcerated in a Department facility. Visitors may request that they be removed from one (1) student's Visitor's List and be placed on another student's list in accordance with these administrative procedures.

This application, once approved, shall allow access to the facility to visit the designated student. The signature of the visitor acknowledges agreement to all rules and regulations included in this policy and operational procedure, including criminal background checks.

Children less than 18 years of age must be listed on the application of their parent/legal guardian, or an adult visitor who has the notarized permission of the child's parent or legal guardian who has custody of the child (not the student). State Form 48965, AUTHORIZATION FOR MINOR CHILD TO VISIT, shall be used for this purpose. The parental authorization form must be notarized by a Notary Public. When submitting State Form 48965, the parent/legal guardian must attach a copy of the child's birth certificate.

Criminal history checks will be conducted on each adult and child (12 and older) applying to visit an student. When a criminal history is found, the application will be reviewed and a decision made on a case-by-case basis.

The information on the applicant's criminal history is treated as confidential and will not be released to the student.

Once a decision is made either approving or denying the application, the student shall be notified. The counselor is responsible for advising applicants that their applications have been approved or denied. The applicant's approved Department visiting application must be on file prior to visiting.

Visitors may have their names removed from a student's visiting list by making that request in writing. Once the name is removed, the visitor must wait six (6) months before applying to visit the same or another student. Exceptions may be made for immediate family members.

Visitors who require a reasonable accommodation for a disability must contact the visiting supervisor.

Visitation Orientation for the Indianapolis Juvenile Correctional Facility

Visitation is a very important component of a Student's stay at I.J.C.F. It is important that parents/guardians continue to support the student and reinforce the positive changes being made. It is also important for parents/guardians, and the staff of I.J.C.F. to realize they are on the same team and have the same goal, which is to help the students leave the facility with an ability to succeed in the community. We encourage parents/guardians to visit, ask questions, learn about our program and be involved with the treatment of their child. Please feel free to contact your child's Counselor to ask questions, make comments, and stay updated on your child's progress.

If a parent/guardian has completed visitor orientation, this individual will not have to complete visitor orientation again unless the student has been released from the facility and has been gone for 6 month or longer before returning. This provision includes parents/guardians with a child that is released from the facility when another sibling could be admitted to the facility within that 6 month period.

Visitor Orientation is on Saturday & Sunday from 11:45 A.M. to 12:45 P.M.

Visitors List

In order to visit a student, the visitor must be on the student's visitors' list. The student has been given information on how to put someone on her visitor's list. If you are uncertain as to whether you are on the student's visitors list please contact the student you wish to visit. Do not call the facility for this information it cannot be given over the phone.

Liability

Visitors enter the facility and the visiting area at their own risk. The facility or the Department of Correction will assume no liability for any injuries or damage or loss of property as a result of a person entering the visiting area or any other area within the facility.

Trafficking

The giving or receiving of any item(s) to/from an student without the prior approval of staff shall be considered trafficking. Visitors caught trafficking with students shall be subject to arrest and criminal prosecution and the permanent denial of visits with any student under the jurisdiction of the Department of Correction. The only exception to this rule is that a visitor may purchase soft drinks or snacks from the vending machines in the visiting area and share them with the student. The student shall not be permitted to take anything out of the visiting area when the visit is finished.

Searches

All visitors entering the facility shall be minimally subject to a same gender "modified" frisk search by staff which shall include the breast and groin area being physically searched. With the visitor's consent, this search may be conducted by staff of opposite gender. Additionally, visitors entering visiting areas shall be subject to additional searches using metal detectors and ion scanning equipment. Specially trained search dogs (K-9s) may be used as a part of the search process both prior to a visitor entering the visiting area and in the actual visiting room during visits. Any person refusing to be searched at any time shall not be permitted to enter the facility and a visit may be terminated if a visitor refuses to be searched or contraband or prohibited property are found on the visitor or in the visitor's property. If a visitor does not wish to be searched either by hand or by using other means, the visitor should not attempt to enter the facility

Registration

Visitors must register with staff at the visitor processing desk prior to entering the visiting area. Visitors will be required to sign the entry log and be approved for the visit before they will be allowed to enter the visiting area.

Bodily Contact Between Students and Visitors

Visitors who have contact visits are allowed to shake hands, embrace, and kiss at the beginning and end of each visit. Kissing and embracing are not allowed during the actual visit. Students may hold hands with their visitors during the visit; however, there shall be no other contact between student and visitor.

Children who are too small to sit in a chair by themselves may sit on the lap of the student or the visitor during the visit. Visitors who bring children to the Visiting

Room are to be responsible for maintaining control of their children at all times. Children are to remain seated at the table with the rest of the visitors for the entire visit. Children are not to be passed around to people outside of the table of the student being visited. Visits may be terminated if the visitor does not properly supervise children brought into the Visiting Room.

Non-Contact Visits

Failure to follow Facility rules, belligerent behavior on the part of the visitor, trafficking, or other violations may result in the student and their visitors being limited to non-contact visitation; suspension of visiting privileges or termination of visitation privileges. The Superintendent makes the final decision regarding the implementation of non-contact visits, as well as suspension and permanent termination of visiting privileges. Students housed in the Special Management Unit who receive approved visits will have non-contact visits.

Visitation occurs on weekends and weekday nights when Administrative Staff are normally not present, therefore the Shift Supervisor will make the decision if the visit is to be terminated or modified in any way on the day of the visit. Decisions regarding permanent termination or modification of visits will be made by the Superintendent. If you have concern or questions regarding your experience visiting our facility, please address it with the student's Counselor.

Sex Student Visitation

Students who have been convicted of sex crimes involving persons under the age of 18 years old may be denied visitation with any persons under the age of 18 years old. In these cases, the student shall be made aware of this restriction and may appeal the decision to deny these visits. Visitors should be aware of this restriction before attempting to bring persons under the age of 18 years old to visit.

Telephone Calls

Collect phone calls may be placed by students between 7 A.M. and 9 P.M. Your student's Counselor approves and changes all phone lists. All phone calls are collect. Initially students are only authorized to telephone their legal guardian while in the orientation unit. Once a student is assigned to her living unit, students may add anyone who is approved to visit (immediate family, including parents, grandparents and siblings) to the telephone list. When a student is approved to add to her visiting list, she may add the same person to her telephone list.

Identification Requirements

All visitors to the Facility who are 16 years or older must have a Picture Identification, or they will not be admitted to the Facility.

a valid driver's license from the state of residence

a valid state photo identification card from the state of residence

a valid photo military identification card (active duty only)

a valid passport

Dress Requirements

Visitors shall wear clothing that poses no threat to the security, custody or maintenance of order at the facility. The following standards are to be met:

1. Undergarments must be worn at all times.
2. Shoes must be worn, except for infants who are carried.
3. Tight fitting, such as stirrup, lycra pants, or leggings, shall not be worn.
4. Dresses, skirts, or shorts must be no shorter than two (2) inches above
5. the knee and not have deep slits.
6. Halter or tank tops, tube tops, sheer, see-through, or low-cut clothing is not permitted.
7. All visitors must wear a shirt/**blouse** with sleeves.
8. No jewelry, except a wedding band or set, may be worn in the visitation area
9. Hats or other head coverings are not permitted, except as required by religious beliefs.
10. No heavy coats or sweaters will be permitted in the visiting area.
11. Articles of clothing (hats, belt buckles, shirts, etc.) that advertise alcohol or tobacco products, illegal substances, satanic, racial, gang references or have sexual implications of any type are not permitted.
12. Hats and sunglasses are not to be worn inside any building.

If there is any doubt about whether an article of clothing is appropriate, the visitor should ask prior to wearing it into the Facility.

Items Permitted in the Visiting Room

The following items are the only items that may be carried into the Visiting Room by visitors:

1. Identification
2. No more than \$20.00 in change (no bills) money shall not be given to students,
3. Personal keys

For babies only: one diaper and one bottle

Consumption of Food during Visits:

Visitors may purchase food and drinks for students to consume during visits from the vending machines in the Visiting Room only. Visitors may not access the vending machines in the Administration Building, and may not bring food in from outside (unless students have received the required points per token economy to be allowed this privilege). Parents/Guardian shall be notified via the telephone by the counselor when a student has achieved the required points for food items to be brought in. When this occurs food items purchased from **restaurants only** are allowed and are to be searched. Drinks cannot be brought in from the outside by visitors but are to be purchased in the visiting room. Students are not to handle money at any time. Students may be allowed during visits to walk to the vending machine to view the items in the vending machines. Students may not take any food items out of the Visiting Room upon completion of visits.

In order to provide an opportunity for students and their families to visit in a safe environment, the following rules for visitation have been implemented by the Indiana Department of Correction and the Indianapolis Juvenile Correctional Facility. It is imperative that all visitors to this Facility abide by the rules for visitation, and failure to do so may result in suspension or termination of visiting privileges.

Visitors, including their person, personal property, and vehicles, while on Department of Correction property, are subject to search at any time. Failure to submit to a search will result in the visitor being required to leave Facility grounds immediately.

Visitors enter the Visiting Area at their own risk. The Department of Correction will not assume responsibility for injury or damage to property while on the Facility Grounds.

The exchange of any items or substance between visitors and students is considered Trafficking, and is strictly prohibited. Students may not give any item to their visitor, and visitors may not give any items, including pictures, telephone numbers, addresses, money, clothing food, etc., to any student. Trafficking is a violation of Indiana Statute, and is grounds for suspension and or termination of visits, and could possibly result in criminal charges being filed.

Visiting Restrictions:

1. Visitors may visit on Saturday, Sunday, Monday and Wednesday evenings and state observed holidays. All students are allowed one visit per designated visiting day. Family members are encouraged to communicate with each other to coordinate their visits.
2. Students are allowed up to four (4) approved visitors at the visit.
3. Visitors under the age of 18 must be accompanied by a parents or legal guardian at all times while on Facility Grounds.

IndyGo Fixed Route Fares

Boletos para Rutas Fijas de IndyGo

New Pricing Effective Jan. 1, 2009

Fare Options	Full Price	Half Fare
Opciones de boleto	Boleto entero	Medio boleto
Single Ride*	\$1.75	\$0.85
Viaje sencillo		
Day Pass*	\$4.00	\$2.00
Pase diario		
10-Trip	\$17.50	\$8.50
7-Day Pass	\$20.00	\$10.00
Pase para 7 días		
31-Day Pass	\$60.00	\$30.00
Pase para 31 días		
Flexible Services	\$3.50	na
Green Line	\$7.00	\$3.50
Red Line	\$1.75	\$0.85
ICE	\$3.00	na
Summer Youth	\$30.00	na

*If you pay on the bus, please use exact change - Si usted paga después de abordar el autobús, por favor use el cambio justo.

Children age 5 and under ride for free with a paying passenger (limit two). - Los niños de 5 años y menores de 5 viajan gratis cuando están acompañados por un pasajero que paga su boleto (límite de dos).

Half Fare Eligibility

Requisitos para el pago de medio boleto

Persons 65 and older, youth 18 and under and persons with disabilities may apply for an IndyGo Half Fare Identification card at the IndyGo Customer Service Center. All Half Fare users must present their IndyGo ID or valid Medicare Card Holder ID to their IndyGo operator. Youth may also use a valid Student ID.

Las personas de 65 años o más, los jóvenes de 18 años o menos y las personas discapacitadas pueden solicitar una tarjeta de identificación para el pago de Medio boleto de IndyGo en el Centro para atención del cliente de IndyGo. Los usuarios del Medio boleto deben presentar su identificación de IndyGo o la tarjeta válida de Medicare al operador del autobús de IndyGo. Los jóvenes también pueden usar una identificación para estudiantes válida.

How to Purchase & Information

Cómo comprar e información general

IndyGo Customer Service Center

Indianapolis City Market

222 East Market Street

(317) 635.3344 or TDD (317) 637.0759



Walk-in Hours ~ Horario:

8a - 6p, M-F - de lunes a viernes

9a - noon (mediodía), Saturday ~ días sábados

Phone Hours ~ Horario telefónico:

7a - 7p, M-F - de lunes a viernes

9a - noon (mediodía), Saturday ~ días sábados

Other Purchasing Options

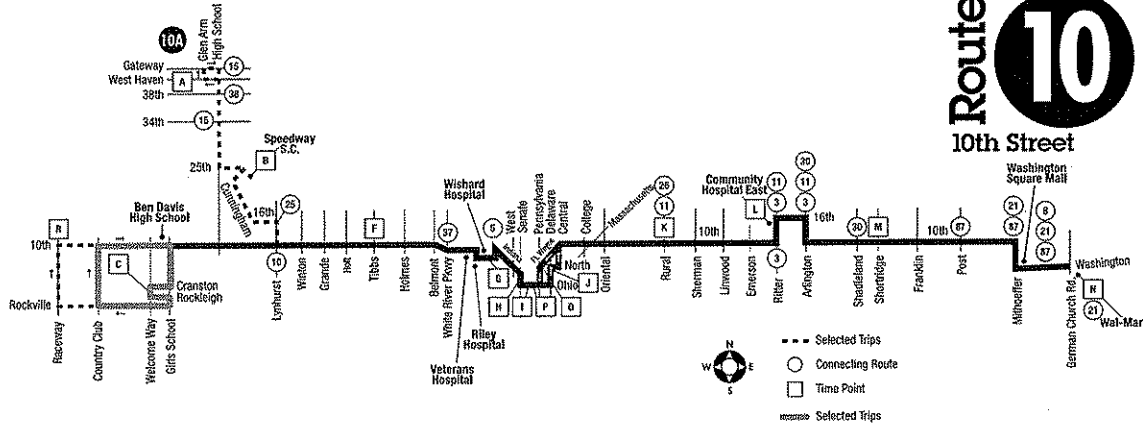
Otras opciones de compra

- www.IndyGo.net
- IUPUI Campus Center
- Servicio para tarjetas en el Campus de IUPUI
- DNR Customer Service Center (State Government Center South) ~ (Centro de Servicios al Cliente de DNR)

IndyGo Flexible Services

Servicios Flexibles de IndyGo

For more information and fare pricing about Open Door, please call 635.3344. Single Rides are \$3.50. - Para más información y costos de boletos de Open Door, llame al 635.3344. Los viajes sencillos cuestan \$3.50.



Route 10

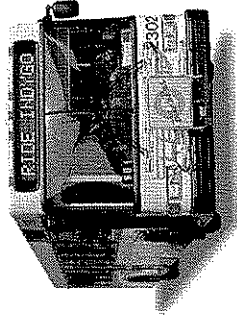
10th Street

Times are approximate and may vary due to weather and traffic conditions. Information subject to change. Las horas son aproximadas y pueden variar debido al clima y el tráfico. Información sujeta a cambio.

Route 10

10th Street

Effective February 8, 2009 • A partir del 8 de febrero de 2009



- Ben Davis High School
- Speedway Shopping Center
- Veteran's Hospital
- Riley Hospital
- Wishard Hospital
- Community Hospital East
- Washington Square

For information call
Para información llame al
317.635.3344

www.indygo.net



Eastbound

Weekdays - días laborables

A B C D E F G H I J K L M N

Location	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Glen Arm and Westhaven	5:08	5:17	5:26	5:35	5:44	5:53	6:02	6:11	6:20	6:29	6:38	6:47	6:56	7:05
Speedway Shopping Center	5:17	5:26	5:35	5:44	5:53	6:02	6:11	6:20	6:29	6:38	6:47	6:56	7:05	7:14
Cranston and Welcome Way	5:26	5:35	5:44	5:53	6:02	6:11	6:20	6:29	6:38	6:47	6:56	7:05	7:14	7:23
Raceway and 10th	5:35	5:44	5:53	6:02	6:11	6:20	6:29	6:38	6:47	6:56	7:05	7:14	7:23	7:32
10th and Tibbs	5:44	5:53	6:02	6:11	6:20	6:29	6:38	6:47	6:56	7:05	7:14	7:23	7:32	7:41
Wishard Hospital	5:53	6:02	6:11	6:20	6:29	6:38	6:47	6:56	7:05	7:14	7:23	7:32	7:41	7:50
Indiana and West	6:02	6:11	6:20	6:29	6:38	6:47	6:56	7:05	7:14	7:23	7:32	7:41	7:50	7:59
Ohio and Capitol	6:11	6:20	6:29	6:38	6:47	6:56	7:05	7:14	7:23	7:32	7:41	7:50	7:59	8:08
Ohio and Capitol	6:20	6:29	6:38	6:47	6:56	7:05	7:14	7:23	7:32	7:41	7:50	7:59	8:08	8:17
Delaware and North	6:29	6:38	6:47	6:56	7:05	7:14	7:23	7:32	7:41	7:50	7:59	8:08	8:17	8:26
10th and Rural	6:38	6:47	6:56	7:05	7:14	7:23	7:32	7:41	7:50	7:59	8:08	8:17	8:26	8:35
Community Hospital East	6:47	6:56	7:05	7:14	7:23	7:32	7:41	7:50	7:59	8:08	8:17	8:26	8:35	8:44
10th and Shortridge	6:56	7:05	7:14	7:23	7:32	7:41	7:50	7:59	8:08	8:17	8:26	8:35	8:44	8:53
Washington and German Church	7:05	7:14	7:23	7:32	7:41	7:50	7:59	8:08	8:17	8:26	8:35	8:44	8:53	9:02

A, B, C, R are select trips — please check destination sign for correct bus.
A, B, C, R son viajes seleccionados — revise el aviso de destino para el autobús adecuado.

Westbound

Weekdays - días laborables

N M L K J I H G F E D C B A

Location	N	M	L	K	J	I	H	G	F	E	D	C	B	A
Washington and German Church	5:07	5:16	5:25	5:34	5:43	5:52	6:01	6:10	6:19	6:28	6:37	6:46	6:55	7:04
10th and Shortridge	5:16	5:25	5:34	5:43	5:52	6:01	6:10	6:19	6:28	6:37	6:46	6:55	7:04	7:13
Community Hospital East	5:25	5:34	5:43	5:52	6:01	6:10	6:19	6:28	6:37	6:46	6:55	7:04	7:13	7:22
10th and Rural	5:34	5:43	5:52	6:01	6:10	6:19	6:28	6:37	6:46	6:55	7:04	7:13	7:22	7:31
Pennsylvania and North	5:43	5:52	6:01	6:10	6:19	6:28	6:37	6:46	6:55	7:04	7:13	7:22	7:31	7:40
Pennsylvania and Ohio	5:52	6:01	6:10	6:19	6:28	6:37	6:46	6:55	7:04	7:13	7:22	7:31	7:40	7:49
Pennsylvania and Ohio	6:01	6:10	6:19	6:28	6:37	6:46	6:55	7:04	7:13	7:22	7:31	7:40	7:49	7:58
Indiana and West	6:10	6:19	6:28	6:37	6:46	6:55	7:04	7:13	7:22	7:31	7:40	7:49	7:58	8:07
Wishard Hospital	6:19	6:28	6:37	6:46	6:55	7:04	7:13	7:22	7:31	7:40	7:49	7:58	8:07	8:16
10th and Tibbs	6:28	6:37	6:46	6:55	7:04	7:13	7:22	7:31	7:40	7:49	7:58	8:07	8:16	8:25
Speedway Shopping Center	6:37	6:46	6:55	7:04	7:13	7:22	7:31	7:40	7:49	7:58	8:07	8:16	8:25	8:34
Glen Arm and Westhaven	6:46	6:55	7:04	7:13	7:22	7:31	7:40	7:49	7:58	8:07	8:16	8:25	8:34	8:43
Cranston and Welcome Way	6:55	7:04	7:13	7:22	7:31	7:40	7:49	7:58	8:07	8:16	8:25	8:34	8:43	8:52

A, B, C, R are select trips — please check destination sign for correct bus.
A, B, C, R son viajes seleccionados — revise el aviso de destino para el autobús adecuado.
* Trips to Raceway Road - see Eastbound Schedule for arrival times.

Weekday

AM

PM

Eastbound

Saturday - sábado

A B C D E F G H I J K L M N

AM	6:08	6:15	6:37	7:04	7:12	7:35	8:05	8:13	8:37	9:05	9:13	9:37	10:05	10:13	10:37	10:54	11:02	11:10	11:15	11:24	11:33	11:42	11:56
Glen Arm and Westhaven	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Speedway Shopping Center	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cranston and Welcome Way	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th and Tibbs	6:25	6:32	6:53	7:23	7:32	7:53	8:23	8:36	8:40	8:45	8:54	9:03	9:12	9:26	9:36	9:40	9:45	9:54	10:03	10:12	10:26	10:36	10:56
Wishard Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Indiana and West	6:36	6:40	6:57	7:06	7:10	7:15	7:24	7:32	7:40	7:45	7:54	8:03	8:12	8:26	8:36	8:40	8:45	8:54	9:03	9:12	9:26	9:36	10:56
Ohio and Capitol	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ohio and Capitol	6:10	6:15	6:32	6:40	6:45	6:54	7:02	7:10	7:15	7:24	7:32	7:40	7:45	7:54	8:03	8:12	8:26	8:36	8:40	8:45	8:54	9:03	9:12
Delaware and North	6:15	6:24	6:32	6:40	6:45	6:54	7:02	7:10	7:15	7:24	7:32	7:40	7:45	7:54	8:03	8:12	8:26	8:36	8:40	8:45	8:54	9:03	9:12
10th and Rural	6:24	6:32	6:40	6:45	6:54	7:02	7:10	7:15	7:24	7:32	7:40	7:45	7:54	8:03	8:12	8:26	8:36	8:40	8:45	8:54	9:03	9:12	9:26
Community Hospital East	6:32	6:40	6:45	6:54	7:02	7:10	7:15	7:24	7:32	7:40	7:45	7:54	8:03	8:12	8:26	8:36	8:40	8:45	8:54	9:03	9:12	9:26	9:36
10th and Shortridge	6:40	6:45	6:54	7:02	7:10	7:15	7:24	7:32	7:40	7:45	7:54	8:03	8:12	8:26	8:36	8:40	8:45	8:54	9:03	9:12	9:26	9:36	10:56
Washington and German Church	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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A, B, C, R son viajes seleccionados — revise el aviso de destino para el autobús adecuado.

Westbound

Saturday - sábado

N M L K O P P P H G F B A C

AM	5:52	6:00	6:08	6:17	6:20	6:21	6:26	6:31	6:38	6:46	6:54	7:19	8:19
Washington and German Church	—	—	—	—	—	—	—	—	—	—	—	—	—
10th and Shortridge	5:52	6:00	6:08	6:17	6:20	6:21	6:26	6:31	6:38	6:46	6:54	7:19	8:19
Community Hospital East	—	—	—	—	—	—	—	—	—	—	—	—	—
10th and Rural	6:08	6:17	6:20	6:21	6:26	6:31	6:38	6:46	6:54	7:19	8:19	9:19	10:19
Pennsylvania and North	—	—	—	—	—	—	—	—	—	—	—	—	—
Pennsylvania and Ohio	6:17	6:20	6:21	6:26	6:31	6:38	6:46	6:54	7:19	8:19	9:19	10:19	11:19
Pennsylvania and Ohio	6:20	6:21	6:26	6:31	6:38	6:46	6:54	7:19	8:19	9:19	10:19	11:19	12:19
Pennsylvania and West	6:26	6:31	6:38	6:46	6:54	7:19	8:19	9:19	10:19	11:19	12:19	13:19	14:19
Wishard Hospital	6:31	6:38	6:46	6:54	7:19	8:19	9:19	10:19	11:19	12:19	13:19	14:19	15:19
10th and Tibbs	6:38	6:46	6:54	7:19	8:19	9:19	10:19	11:19	12:19	13:19	14:19	15:19	16:19
Speedway Shopping Center	6:46	6:54	7:19	8:19	9:19	10:19	11:19	12:19	13:19	14:19	15:19	16:19	17:19
Glen Arm and Westhaven	6:54	7:19	8:19	9:19	10:19	11:19	12:19	13:19	14:19	15:19	16:19	17:19	18:19
Cranston and Welcome Way	7:19	8:19	9:19	10:19	11:19	12:19	13:19	14:19	15:19	16:19	17:19	18:19	19:19

A, B, C, R are select trips — please check destination sign for correct bus.
A, B, C, R son viajes seleccionados — revise el aviso de destino para el autobús adecuado.

Eastbound

Sundays & Holidays - domingos y días de fiesta

A B F G H I J K L M N

Glen Arm and Westhaven	7:05	7:13	7:24	7:32	7:36	7:40	7:45	7:45	7:54	7:03	7:11	7:24
Speedway Shopping Center	8:05	8:13	8:24	8:32	8:36	8:40	8:45	8:45	8:54	8:03	8:11	8:24
10th and Tibbs	9:05	9:13	9:24	9:32	9:36	9:40	9:45	9:45	9:54	9:03	9:11	9:24
Wishard Hospital	10:05	10:13	10:24	10:32	10:36	10:40	10:45	10:45	10:54	10:03	10:11	10:24
Indiana and West	11:05	11:13	11:24	11:32	11:36	11:40	11:45	11:45	11:54	11:03	11:11	11:24
Ohio and Capitol	12:05	12:13	12:24	12:32	12:36	12:40	12:45	12:45	12:54	12:03	12:11	12:24
Ohio and Capitol	1:05	1:13	1:24	1:32	1:36	1:40	1:45	1:45	1:54	1:03	1:11	1:24
Delaware and North	2:05	2:13	2:24	2:32	2:36	2:40	2:45	2:45	2:54	2:03	2:11	2:24
10th and Rural	3:05	3:13	3:24	3:32	3:36	3:40	3:45	3:45	3:54	3:03	3:11	3:24
Community Hospital East	3:55	4:03	4:14	4:22	4:26	4:30	4:35	4:35	4:44	4:53	5:01	4:24
10th and Shortridge	4:55	5:03	5:14	5:22	5:26	5:30	5:35	5:35	5:44	5:53	6:01	—
Washington and German Church	5:35	5:43	5:54	6:02	6:06	6:10	6:15	6:15	6:24	6:33	6:41	—
	6:35	6:43	6:54	7:02	7:06	7:10	7:15	7:15	7:24	7:33	7:41	—
	7:30	7:38	7:49	7:57	8:01	8:05	8:10	8:15	8:24	8:33	8:41	—
	8:20	8:28	8:39	8:47	8:51	—	—	—	—	—	—	—

Sundays & Holidays

AM PM

Westbound

Sundays & Holidays - domingos y días de fiesta

N M L K O P P H G F B A

Washington and German Church	6:41	7:41	7:49	7:58	8:07	8:10	8:11	8:15	8:15	8:20	8:28	7:37	7:46
10th and Shortridge	6:41	7:41	7:49	7:58	8:07	8:10	8:11	8:15	8:15	8:20	8:28	7:37	7:46
Community Hospital East	6:49	7:49	7:58	8:07	8:10	8:11	8:15	8:15	8:20	8:28	8:37	8:46	—
10th and Rural	6:58	7:58	8:07	8:10	8:11	8:15	8:15	8:20	8:28	8:37	8:46	—	—
Pennsylvania and North	7:07	8:07	8:10	8:11	8:15	8:15	8:20	8:28	8:37	8:46	—	—	—
Pennsylvania and Ohio	7:10	8:10	8:11	8:15	8:15	8:20	8:28	8:37	8:46	—	—	—	—
Pennsylvania and Ohio	7:11	8:11	8:15	8:15	8:20	8:28	8:37	8:46	—	—	—	—	—
Indiana and West	7:15	8:15	8:15	8:20	8:28	8:37	8:46	—	—	—	—	—	—
Wishard Hospital	7:20	8:20	8:20	8:28	8:37	8:46	—	—	—	—	—	—	—
10th and Tibbs	7:28	8:28	8:28	8:37	8:46	—	—	—	—	—	—	—	—
Speedway Shopping Center	7:37	8:37	8:37	8:46	—	—	—	—	—	—	—	—	—
Glen Arm and Westhaven	7:46	8:46	8:46	—	—	—	—	—	—	—	—	—	—

Sundays & Holidays

AM PM

- *Observed Holidays**
- New Year's Day
 - Martin Luther King, Jr. Day (Saturday schedule)
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Christmas Day
- *Celebración De Días Festivos**
- Día de Año Nuevo
 - Día de Martin Luther King, Jr.
 - Horario de los sábados
 - Día de los caídos en la guerra
 - Día de la Independencia
 - Día de trabajo
 - Día de acción de gracias
 - Día de Navidad

Letters on map and schedule indicate time points. Each letter corresponds to a time point on the map. Arrival times are approximate and may vary due to road and traffic conditions.

Las letras del mapa y el horario indican el horario previsto de llegada. Cada letra corresponde a un horario previsto de llegada en el mapa. Los horarios de llegada son estimados y pueden variar debido a las condiciones del camino y del tráfico.